



Town of Rockland

Application for Appointment to Town Committees

Town government needs citizens who are willing to give their time serving our community on various boards and commissions.

Name: _____
Address: _____
Occupation: _____

Telephone: _____
Precinct: _____
Date: _____

Briefly state your employment background including any prior municipal experience or civic groups.

Are you a Registered voter? _____ Yes _____ No

Please indicate your preference and return this form to the
Board of Selectmen's Office.

<input type="checkbox"/>	Bldg. Inspect./Zoning Enforce. Off.	<input type="checkbox"/>	Open Space Committee
<input type="checkbox"/>	Cable Advisory Committee	<input type="checkbox"/>	Parking Clerk
<input type="checkbox"/>	Charter Maintenance Committee	<input type="checkbox"/>	Pride Committee
<input type="checkbox"/>	Chief Procurement Officer	<input type="checkbox"/>	Registrar of Voters
<input type="checkbox"/>	Community Center Bldg Committee	<input type="checkbox"/>	South Shore Reg. School Committee
<input type="checkbox"/>	Conservation Commission	<input type="checkbox"/>	Teen Center Advisory Committee
<input type="checkbox"/>	Constable	<input type="checkbox"/>	Tree Warden
<input type="checkbox"/>	Council on Aging	<input type="checkbox"/>	Veterans's Affairs Director and Burial Agent
<input type="checkbox"/>	Cultural Arts Council	<input type="checkbox"/>	Sealer of Weights and Measures
<input type="checkbox"/>	Election Workers	<input type="checkbox"/>	Wiring Inspector
<input type="checkbox"/>	Emergency Management Director	<input type="checkbox"/>	Youth Commission
<input type="checkbox"/>	Gas Inspector	<input type="checkbox"/>	Zoning Board of Appeals
<input type="checkbox"/>	Gas Inspector (Alternate)	<input type="checkbox"/>	Zoning Board of Appeals (Alternate)
<input type="checkbox"/>	Historical Commission	<input type="checkbox"/>	Assistant Zoning Enforcement Officer
<input type="checkbox"/>	Memorial Committee	<input type="checkbox"/>	
<input type="checkbox"/>	Metropolitan Area Planning Com.	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Old Colony Planning Council Area	<input type="checkbox"/>	_____
<input type="checkbox"/>	Agency on Aging	<input type="checkbox"/>	_____